POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	4.6	4 1	11/26/99	-
O.I.P.E. CLASSIFIER		21)	12/3	
FORMALITY REVIEW	RE	7055 DEX OF CLAIMS	3/20/00	
RF INDEX OF CLAIMS				
_	Rejec	ad (Non-elected	
— (Throug	jh numeral) Cancel Restr	ed A	Appeal	
	nesti	octed U	Objected	
Claim	Claim 0	Date	Claim Date	
Original	Final Original		Original	
14 V V V	\$1 /V		110	
13 1 1	\$2 \$3		112	+++
	(\$4)		114	
(a)	(45) ((56)		115	+++
			117	
8	(5)		118	
11	60 61		110	
12			111	++++ 6
13	13 N		113	
1A N N N N N N N N N N	64		114	+++
16	66		116	
18	67		117	+++
- 19	69		119	
30	70		120	
22	72		122	
28	73		123	
24	75		125	
20	76		126	
26	78		ABLE COPY	
29 N N	79	BEST AVAIL	AB124 UV	
31	81		131	
33	82	+++++	132	
34	84		133	
35 N	85		135	
36 NJ NJ 136	87		137	
30	88		138	
40,100	90		139	1111
194 V V V 194 194 194 194 194 194 194 194 194 194	91		141	
	92	 	142	+++
	94		144	
46 47	95	+++	145	+++
47	97		147	
48 9	98	 	148	+++-1
iso i	100		150	

If more than 150 claims or 10 actions staple additional sheet here